

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90143 033 ****61.25

0042952

DOCUMENT # N14019

1. Entity Name

PENTECOSTAL CHRISTIAN FELLOWSHIP CHURCH, INC.



Principal Place of Business

**2901 W AIRPORT RD
PLANT CITY FL 33567
US**

Mailing Address

**2901 W AIRPORT RD
PLANT CITY FL 33567
US**

11012368



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2667071**

Applied For

Not Applicable

Zip **33563**

Country

Zip **33563**

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TANNER, NORMAN E
2901 W AIRPORT RD
PLANT CITY FL 33567**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

33563

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	TANNER, LUANNE	
STREET ADDRESS	2901 W AIRPORT RD	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSTON, CHERYL	
STREET ADDRESS	2001 JUNIPER CIRCLE	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSTON, ROSCOE	
STREET ADDRESS	2001 JUNIPER CIRCLE	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	TANNER, NORMAN E	
STREET ADDRESS	2901 W AIRPORT RD	
CITY-ST-ZIP	PLANT CITY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/03

813-719-7045

Date Daytime Phone #

CR2E037 (10/02)